DHS Graduate Medical Education Residency Grant
RFA #G-211 OPIB-14
Questions and Answers
As of September 25, 2013
UPDATED FOLLOWING BIDDERS' CONFERENCE CALL - SEPTEMBER 27, 2013

Question 1: Please clarify who is eligible to apply. More specifically, can a program without a significant rural component apply?

Response: As stated in item 5, eligible applicants are sponsoring institutions that: 1) have an existing, accredited GME program; 2) in one of the following specialties: family medicine, general internal medicine, general surgery, pediatrics or psychiatry; and 3) are located in Wisconsin or have a substantial presence in Wisconsin *(see definitions 4.10).*

UPDATE 9/27: While the DHS preference is to fund programs with a substantial rural component, any accredited program in one of the targeted specialties may apply.

Question 2: The program is capped at $225,000 with a cap of $75,000 per resident/year. Does this mean a single program can increase by three (3) residents per class (e.g., take 3 new residents in the first year of residency and have them funded for all three years; essentially 9 additional resident spots). Or does it mean that a program can expand by 1 resident per class, (e.g., a total of 3 additional residents over three years). General surgery is a five-year program so could only be funded for three of the five years.

Response: Yes, the program is capped at $225,000 and at $75,000 per resident/year. Item 6.3 states that it is the intent to fund the entire period of the residency; either 3, 4 or 5 years as required by the specific program.

Please refer to the Residency Distribution Chart that was included with the RFA. Programs should individually decide whether to add all three (3) new residents in year one or to stagger the additions over the length of the residency.

For example, for family medicine, three (3) new residents could start in year one (July 2014). This would mean that no additional residents could be added with DHS residency grant funds until these three residents graduate (June 2017). The program could apply for new funding for three new residents to start in July 2017.

Alternatively, programs could apply for three (3) new positions from this round of funding, with the 1st resident beginning July 2014, the second in July 2015 and the third in July 2016. The program could not apply for additional funding until 2016 with a beginning date of July 2017.

UPDATE 9/27: The caps per resident, per program are in statute. DHS cannot alter the statutory language. Experiences over the next two years may indicate that changes are needed. If so, DHS and other interested stakeholders may propose that changes be made with regard to the amounts available per program and / or per person or other changes.

Four (4) and five (5) year programs that choose to stagger their new slots could only add new residents for each of the first three (3) years. Adding an additional resident in year 4 would exceed the maximum amount allowed per program. Please refer to the last example in the distribution chart for general surgery. Programs could request less than the $75,000 max per new resident (e.g., $45,000) to keep the total amount per program within the statutory cap while adding new residents in years 4 and 5..

Question 3: What happens if a program is successful in obtaining grant funding but fails to receive ACGME accreditation for a July 2014 start date?

Response: In this case, no payments would be made until the additional residency positions are accredited. At this time, DHS does not anticipate requiring a new application. DHS may establish a 'preferred applicant' list to acknowledge successful programs that failed to obtain accreditation. Supplemental information may be required to meet any new RFA requirements and / or to provide program updates.

Question 4: The earliest that the ACGME would be able to review requests for an increase in resident positions would be April 2014. There is a chance that they would not approve or would request additional information. A program would potentially run the risk of recruiting new residents to start July 2014 without having accredited positions. A program may not be willing to recruit new residents into positions that may not be accredited.

Response: DHS understands that there is a risk. Successful applicants will have until June 2014 to seek accreditation for the new positions with an anticipated start date of July 2014, see item 6.5. In the event the new positions are not accredited, no funds would be expended. See the response to Question #3. Any new round of funding will attempt to accommodate the ACGME review cycle.

Question 5: Can the DHS GME Residency grant be used for current residency positions that exceed the current CMS funding cap? For example, the program is currently accredited for 18 positions but only has CMS funding for 16; can the DHS grant funds be used to fund the remaining two positions?

Response: The DHS GME Residency Grant may be used to support the new un-filled but approved positions. The applicant should provide a detailed explanation for why the positions were approved but are un-funded, including the length of time the positions have not been filled. The applicant must meet all other grant criteria.

UPDATE 9/27: Accredited programs with vacant but ACGME approved slots may submit an application to support these positions. Programs with self-funded positions may not use DHS grant dollars to pay for these slots; supplanting current funding with DHS resources is strictly prohibited.

CMS determines all CMS-related residency caps. DHS is not involved with the CMS cap process.

Question 6: Is an existing, combined accredited GME program – e.g., internal medicine and pediatrics – eligible to apply?

Response: Yes; any accredited GME program with a separate accreditation number (ACGME code number) may apply.

UPDATE 9/27: Any program with a unique match number / ACGME code number may apply independently.

Question 7: If a sponsoring institution has more than one accredited program, can they submit more than one application?

Response: Yes; any accredited GME program with a separate accreditation number (ACGME code number) may apply.

Question 8: The sponsoring institution has five accredited family medicine programs, each at different hospitals. Can the sponsoring institution submit an application for each one? Or, should the individual hospitals submit separate applications?

Response: As indicated it item 5 and item 4.9, in this case, the individual hospitals should independently apply for funding for their program.

UPDATE 9/27: Any program with a unique match number / ACGME code number may apply independently.

Question 9: It appears that funding is available for one to three (1-3) positions, beginning in July 2014 and extending for the duration of the residency (3-5 years). Is this correct?

Response: Yes; it is the intent of the grant to cover the entirety of the residency.

Question 10: Will funding be available for new residents in July 2015 and beyond? Or would this be a one-time increase in the number of residents?

Response: The state funding is an annual appropriation and is intended to be a part of the DHS base budget.

UPDATE 9/27: DHS intends to continue offering grants to support new residency positions as long as the funding remains in the DHS biennial budget. Any changes in the amount of funding or targeted priorities will be determined by the Wisconsin Legislature and the Governor.

Programs will need to reapply for funding based on the distribution of their residency slots (e.g., 3 begin in year one, 1 starts each year for 3 years); the reapplication date and request will vary.

Question 11: Are international medical graduates with J1 visas (not U.S. citizens or permanent residents) eligible for the DHS GME residency grants?

Response: No, not at this time, see item 6.6.

Question 12: Our institution is in the process of developing a Rural Training Track (RTT) and will submit the ACGME application in December 2013 with the goal of being accredited in 2014 for residents to begin July 2015. The RTT will be an expansion of an existing, accredited family medicine program. We are considering applying for this round of funding with the request for two (2) years of residency (vs. 3) with the start date July 2015. We will also consider applying for funding for new GME programs when it is available. Is this permissible?

Response: Eligible applicants for this round of funding must be existing accredited programs; positions targeted for this funding must be accredited by June 2014 for residents beginning July 2014. As presented, the RTT would not be eligible nor would the existing accredited family medicine program since the expansion will not be accredited to allow residents to begin in July 2014. As noted in the RFA, DHS anticipates at least one additional round of GME Residency funding in 2014.

Question 13: If an institution is currently receiving Wisconsin Medicaid GME dollars, can they also apply for and receive the funds available from this grant?

Response: Institutions currently receiving Wisconsin Medicaid GME payments are eligible to apply for the DHS GME Residency Grant.

Question 14: This question is about teaching physician / supervision compliance guidelines and whether they apply to these funds or, especially to any CMS matching funds that might be available at a later date. More specifically, are these funds considered state Medicaid GME funds (vs. federal Medicare GME funds – DME / IME)? The compliance officer at our institution states that programs that receive state Medicaid GME funds must follow the CMS Teaching Guidelines from Medicare unless the state has independent guidelines.

Response: Questions about compliance are outside the scope of this RFA and DHS' ability to respond. Applicants are encouraged to address this question to their compliance officer and/or their legal staff. Wisconsin Medicaid does not have independent guidelines for GME.

Question 15: Our hospital supports a robust rural rotation for a family medicine program. Is the hospital eligible to apply? Or, should the application come from the family medicine program to expand their rural track?

Response: The family medicine program must apply since the hospital is not the sponsoring institution and does not have a separate accredited GME program.

Question 16: Section 3.1 makes a reference to "training expenses." What sort of expenses can be covered?

Response: Training expenses may include: salaries and fringe of teaching faculty / staff, the costs of administrative personnel dedicated to the GME program and other direct costs associated with operating an accredited GME program, such as maintenance and electricity. The amount allocated for training expenses cannot exceed five percent (5%) of the salary and fringe of the resident.

UPDATE 9/27: Residents' costs incurred in traveling to and from participating training sites are allowable costs. Housing costs for residents may be included as a training expense and is allowable within the five percent (5%) cap.

Training expenses may also be used to support faculty, whether official training faculty or doctors practicing alongside residents.

Question 17: Section 10.2.3.E asks applicants to provide outcomes of / for current residency programs. For sponsoring institutions with more than one accredited program, would we need to provide outcomes for all of our specialties or just for the one we are seeking to expand?

Response: The applicant is only required to provide outcome data for the targeted specialty program for which they are seeking funding for new positions.

Question 18: Can the DHS GME Residency Grant be used to create a PGY5 Rural Psychiatry fellowship program that would take place after the initial psychiatry residency and would allow for an entire year of rural activities / experiences?

Response: Yes, this is consistent with the goal of the DHS GME Residency Grant and grant funds may be used to support the fellowship.